

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------------------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | H/N | 896 | 10 2-21-01 03/06/01 |
| RESPONSE FORMALITY REVIEW | | | |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------|-------------------|
| Final | Original 05/31/01 |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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